

UTILITY
PATENT APPLICATION
TRANSMITTAL

Only for new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No.

P01,0225

First Named Inventor or Application Identifier

Jessica Malmberg

Express Mail Label No: EL843729460US

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Specification [Total Pages 21]
2. ☒ Drawing(s) (35USC 113) [Total Pages 4]
3. ☒ Declaration and Power of Attorney [Total Pages 2]
a. ☒ Executed declaration
b. ☐ Copy from prior application (37CFR 1.63(d))
(for continuation/divisional with Box 14 completed)
i. ☐ [Note Box 4 Below]
DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).

4. Incorporation By Reference (usable if Box 3b is checked)
The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 3b,
is considered as being part of the disclosure of the
accompanying application and is hereby incorporated by
reference therein.

ACCOMPANYING APPLICATION PARTS

5. ☒ Assignment Papers (cover sheet & documentation)
Siemens Elema AB
6. ☐ Letter under 37 CFR 1.41(c).
7. ☐ English Translation Document (if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ Preliminary Amendment
10. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
11. ☐ Small Entity ☐ Statement filed in prior application,
Statement(s) Status still proper and desired
12. ☒ Certified Copies of Priority Document(s) Swedish
Application No. 0002806-8 filed August 1, 2000
13. ☐ Other:

14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation ☐ Divisional ☐ Continuation-in-part (CIP) ☐ of prior application No: /

CLAIMS AS FILED

FEE	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$710.00
	TOTAL CLAIMS 20	16	0	\$18.00	
	INDEPENDENT CLAIMS 3	1	0	\$80.00	
		ANY MULTIPLE DEPENDENT CLAIMS? ()YES (X) NO			
				TOTAL FILING FEE ->	\$710.00

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 501-519. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 710.00 to cover the filing fee is enclosed.

15. CORRESPONDENCE ADDRESS

Schiff Hardin & Waite
Patent Department
233 South Wacker Drive - 6600 Floor Sears Tower
Chicago, Illinois 60606
Telephone (312) 258-5790 - Fax (312) 258-5921

SIGNATURE:

491/899:819

U-11

DATE: July 31, 2001

I hereby certify that the following is being deposited with the United States Postal "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to The Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Proposed Patent Application for JESSICA MALMBORG entitled "USER
INTERFACE FOR A MEDICAL DISPLAY DEVICE", consisting of specification, claims,
4 Sheets of drawings, Certified Copy of Swedish Application 002806-8, Attorney
Docket No. P01,0225

Name of person mailing application

Station	Time	Wind	Sea	Temp	Humidity	Pressure	Clouds	Visibility	Remarks
1	0800	10	2	28.0	75	1013.5	100	10	Clear
2	0900	12	3	28.0	75	1013.5	100	10	Clear
3	1000	15	4	28.0	75	1013.5	100	10	Clear
4	1100	18	5	28.0	75	1013.5	100	10	Clear
5	1200	20	6	28.0	75	1013.5	100	10	Clear
6	1300	22	7	28.0	75	1013.5	100	10	Clear
7	1400	25	8	28.0	75	1013.5	100	10	Clear
8	1500	28	9	28.0	75	1013.5	100	10	Clear
9	1600	30	10	28.0	75	1013.5	100	10	Clear
10	1700	32	11	28.0	75	1013.5	100	10	Clear
11	1800	35	12	28.0	75	1013.5	100	10	Clear
12	1900	38	13	28.0	75	1013.5	100	10	Clear
13	2000	40	14	28.0	75	1013.5	100	10	Clear
14	2100	42	15	28.0	75	1013.5	100	10	Clear
15	2200	45	16	28.0	75	1013.5	100	10	Clear
16	2300	48	17	28.0	75	1013.5	100	10	Clear
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18	0100	52	19	28.0	75	1013.5	100	10	Clear
19	0200	55	20	28.0	75	1013.5	100	10	Clear
20	0300	58	21	28.0	75	1013.5	100	10	Clear
21	0400	60	22	28.0	75	1013.5	100	10	Clear
22	0500	62	23	28.0	75	1013.5	100	10	Clear
23	0600	65	24	28.0	75	1013.5	100	10	Clear
24	0700	68	25	28.0	75	1013.5	100	10	Clear
25	0800	70	26	28.0	75	1013.5	100	10	Clear
26	0900	72	27	28.0	75	1013.5	100	10	Clear
27	1000	75	28	28.0	75	1013.5	100	10	Clear
28	1100	78	29	28.0	75	1013.5	100	10	Clear
29	1200	80	30	28.0	75	1013.5	100	10	Clear
30	1300	82	31	28.0	75	1013.5	100	10	Clear
31	1400	85	32	28.0	75	1013.5	100	10	Clear
32	1500	88	33	28.0	75	1013.5	100	10	Clear
33	1600	90	34	28.0	75	1013.5	100	10	Clear
34	1700	92	35	28.0	75	1013.5	100	10	Clear
35	1800	95	36	28.0	75	1013.5	100	10	Clear
36	1900	98	37	28.0	75	1013.5	100	10	Clear
37	2000	100	38	28.0	75	1013.5	100	10	Clear
38	2100	102	39	28.0	75	1013.5	100	10	Clear
39	2200	105	40	28.0	75	1013.5	100	10	Clear
40	2300	108	41	28.0	75	1013.5	100	10	Clear
41	0000	110	42	28.0	75	1013.5	100	10	Clear
42	0100	112	43	28.0	75	1013.5	100	10	Clear
43	0200								